

driving us deeper into debt, and a fairer, cleaner Tax Code. We are committed to saving our economy for future generations, and I hope the President and his fellow Democrats will join us.

#### RESIGNATION AS MEMBER OF COMMITTEE ON THE BUDGET

The SPEAKER pro tempore (Mr. STUTZMAN) laid before the House the following resignation as a member of the Committee on the Budget:

WASHINGTON, DC,  
January 25, 2013.

Hon. JOHN BOEHNER,  
Speaker of the House,  
The Capitol, Washington, DC.

DEAR SPEAKER BOEHNER: I am writing to inform you of my resignation, effective immediately, from the House Committee on the Budget. It is my intention that this is a leave of absence as I hope to serve on this Committee again in a future Congress. If you have any questions, please feel free to contact me directly, or your staff can contact my Deputy Chief of Staff, Ian Rayder.

Sincerely,

DEBBIE WASSERMAN SCHULTZ,  
Member of Congress.

The SPEAKER pro tempore. Without objection, the resignation is accepted. There was no objection.

#### RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 5 p.m. today.

Accordingly (at 2 o'clock and 17 minutes p.m.), the House stood in recess.

□ 1705

#### AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. SHIMKUS) at 5 o'clock and 5 minutes p.m.

#### MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Ms. Evans, one of his secretaries.

#### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

#### CHILDREN'S HOSPITAL GME SUPPORT REAUTHORIZATION ACT OF 2013

Mr. PITTS. Mr. Speaker, I move to suspend the rules and pass the bill

(H.R. 297) to amend the Public Health Service Act to reauthorize support for graduate medical education programs in children's hospitals.

The Clerk read the title of the bill. The text of the bill is as follows:

H.R. 297

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Children's Hospital GME Support Reauthorization Act of 2013".

#### SEC. 2. PROGRAM OF PAYMENTS TO CHILDREN'S HOSPITALS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS.

(a) IN GENERAL.—Section 340E of the Public Health Service Act (42 U.S.C. 256e) is amended—

(1) in subsection (a), by striking "through 2005 and each of fiscal years 2007 through 2011" and inserting "through 2005, each of fiscal years 2007 through 2011, and each of fiscal years 2013 through 2017";

(2) in subsection (f)(1)(A)(iv), by inserting "and each of fiscal years 2013 through 2017" after "2011"; and

(3) in subsection (f)(2)(D), by inserting "and each of fiscal years 2013 through 2017" after "2011".

(b) REPORT TO CONGRESS.—Section 340E(b)(3)(D) of the Public Health Service Act (42 U.S.C. 256e(b)(3)(D)) is amended by striking "Not later than the end of fiscal year 2011" and inserting "Not later than the end of fiscal year 2016".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. PITTS) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

#### GENERAL LEAVE

Mr. PITTS. Mr. Speaker, I ask that all Members may have 5 legislative days to revise and extend their remarks and insert extraneous material into the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

Mr. PITTS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, Pennsylvanians are fortunate to have several excellent children's hospitals in the State. One of these hospitals is the Children's Hospital of Philadelphia, the country's first hospital to exclusively care for children, and they have remained one of the best for over 150 years.

In a recent survey, the hospital was rated number one in six separate pediatric specialties and ranked no lower than fourth in another four specialty categories.

Other children around the country aren't so fortunate to have access to excellent doctors. A study in the journal Pediatrics found that more than 8 million children have no pediatrician in their area. Many other sick children have to drive hundreds of miles to see a doctor who specializes in treating their condition.

Children aren't just miniature adults, and treating them isn't just a

matter of working on a smaller scale and shrinking the equipment. A doctor who is experienced in treating adults may not be able to apply that same expertise to a child. Treating children is both a medical and an emotional challenge. Often, doctors have to correctly diagnose an illness in little patients who haven't even learned to speak. It takes a special person to go into pediatrics.

For a time in the 1990s, our Nation was facing an acute shortage of pediatricians. With much of government assistance to train doctors being funneled through the Medicare program, it was becoming significantly more expensive for a doctor to choose to be trained in pediatrics.

To help correct this imbalance, Congress created the Children's Hospital Graduate Medical Education program. This is a program that was created, and has been sustained, with bipartisan support.

Unfortunately, the program is facing elimination. President Obama's budget for the 2012 fiscal year called for elimination of the program, despite the positive results.

I support getting rid of programs that are duplicative, unproven, or unnecessary, especially with the budget pressures we are facing now; however, CHGME has a proven track record. Over 40 percent of pediatricians in the United States are trained through CHGME.

□ 1710

Forty-three percent of those in subspecialties are trained through the program.

The Children's Hospital of Philadelphia runs the largest pediatric residency program in the country. Their residents will treat children in my community and then move across the country to practice in other communities. We need their expertise now more than ever.

Last Congress, I worked with my Democratic counterpart on the Energy and Commerce Health Subcommittee, Representative FRANK PALLONE, to introduce legislation to renew the program. Our legislation passed the House of Representatives twice in the 112th Congress, both times by voice vote.

Unfortunately, the bill was tied up in the Senate and was not considered. Congressman PALLONE and I wasted no time in reintroducing the bill this year, and I'm proud to say that in the very first meeting of the Energy and Commerce Committee, on January 22, the bill was reported out unanimously. The bill is a very simple, 5-year reauthorization of the CHGME program at current funding levels.

H.R. 297 is supported by the Children's Hospital Association, the American Hospital Association, the Academic Pediatric Association, the American Academy of Pediatrics, the American Pediatric Society, the Association of Medical School Department Chairs, the Society for Pediatric Research, the